

LOS ANGELES COUNTY COMMISSION ON HIV

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JOINT PUBLIC POLICY (JPP) COMMITTEE MEETING MINUTES



January 25, 2012

The JPP Committee acts in accordance with the role of the Commission on HIV, as dictated by Los Angeles County Code 3.29.090. Consistent with Commission Bylaws Article VI, Section 2, no Ryan White resources are used to support JPP Committee activities.

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	DHSP STAFF	COMM STAFF/ CONSULTANTS
Aaron Fox, Co-Chair	Stephen Simon, Co-Chair	Luke Klipp	None	Jane Nachazel
Cheryl Barrit	Sergio Aviña	Brande Orr		Craig Vincent-Jones
Joseph Cadden	Kyle Baker	Lambert Talley		
Lee Kochems	Kathy Watt	Doris Wahl		
Elizabeth Mendia		Jason Wise		

CONTENTS OF COMMITTEE PACKET

- 1) Agenda: Joint Public Policy (JPP) Committee Agenda, 1/25/2012
- 2) Minutes: Joint Public Policy (JPP) Committee Meeting Minutes, 10/26/2011
- 3) Minutes: Joint Public Policy (JPP) Committee Meeting Minutes, 11/30/2011
- 4) Summary: FY 2012-13 Governor's Budget, Office of AIDS
- 5) Memorandum: Community Clinic Association, State Budget: Governor's 2012-13 Release (Information/Discussion), 1/17/2012
- 6) Report: Examining the Impact of the HIV-related State Budget Cuts: Comparing Alameda, Fresno, and Los Angeles Counties
- 7) **Bill**: Department of Health Care Services, Proposed Trailer Bill Language, Federally Qualified Health Center/Rural Health Clinic Payment Reform
- 8) Article: Healthcare reform may have unintended consequences for HIV/AIDS patients, 1/19/2012
- 9) Research: Executive Summary, Plan for Analysis of Undocumented Ryan White Recipients
- 1. CALL TO ORDER: Mr. Fox called the meeting to order at 1:10 pm. He welcomed Ms. Barrit and Dr. Cadden to JPP.
- 2. APPROVAL OF AGENDA:

MOTION #1: Approve the Agenda Order (Passed by Consensus).

3. APPROVAL OF MEETING MINUTES:

MOTION #2: Approve the 10/26/2011 and 11/30/2011 Joint Public Policy (JPP) Committee Meeting Minutes, as presented (*Passed by Consensus*).

- 4. PUBLIC COMMENT, NON-AGENDIZED: There were no comments.
- 5. **COMMITTEE COMMENT, NON-AGENDIZED**: There were no comments.
- **6. CO-CHAIRS' REPORT**: Mr. Vincent-Jones noted JPP is now funded wholly by Net County Cost funds to avert conflicts with federal funding requirements.
 - A. Co-Chair Nominations: Co-chair nominations were opened for one month. Mr. Fox was nominated.
 - B. Legislative Docket Review Schedule:
 - Rescheduled February JPP meeting to 2/29/2012 to review legislation and forward recommendations to the 3/8/2012 Commission meeting. The State deadline to submit bills for the year is 2/24/2012.

7. FY 2012-2013 STATE BUDGET:

- Mr. Fox noted the Governor's Budget proposal was released earlier than usual and most departments seemed unprepared.
- Mr. Klipp felt the press response seemed to be that Governor Brown was making tough choices now to avoid worse later.
- ADAP savings were expected, but estimates are clearly poor and the Office of AIDS (OA) has essentially acknowledged that, e.g., estimates assume Los Angeles and Alameda Counties would begin LIHP migration in March and January respectively rather than 7/1/2012. Those two counties have two-thirds of PWH.
- The ADAP cost-sharing proposal is similar to last year's rejected by the Senate Budget Health Committee. It uses the Federal maximum Share-Of Cost (SOC). The Senate Pro Tem's Office has already expressed disapproval. Many are in opposition, including the California HIV Alliance which will go to Sacramento in March hearings.
- Ms. Mendia asked about alternative proposals to save funds. Mr. Fox said there were such suggestions last year, but funds are now being saved elsewhere, e.g., through General Fund reduction from \$82 million last year to \$6 million, and LIHPs.
- Mr. Fox added the SOC proposal is designed to push people out of ADAP and onto LIHP more quickly than would occur if people migrated at their routine ADAP screening based on birthdays. This violates the agreement for a thoughtful process.
- Mr. Vincent-Jones felt it key to stress consumer voices in State committee testimony and in letters to show the share-of-cost financial burden, e.g., the effect of a \$70/month ADAP SOC at 100% Federal Poverty Level (FPL) which equals \$10,890. He does not know if the share-of-cost proposal was serious or a negotiating tool, but the Legislative Analyst's Office is pushing it.
- Ms. Mendia asked if the share-of-cost proposal accounted for the estimated 20% of ADAP enrollees not eligible for LIHP. Ms. Orr added Riverside and San Bernardino Counties were enrolling clients in LIHP at their ADAP screenings, but expect a waiting list soon. Mr. Klipp said budget estimates do not account for non-eligibles or LIHP caps due to funding or FPL caps.
- Ms. Orr added that transparency is poor with consumers and providers confused. San Bernardino is a closed network. Riverside County allows providers to become credentialed, but only recently started that process. Consequently, consumers must go to a new primary care provider to obtain a referral back to their original clinic to see an HIV specialist.
- Mr. Fox said counties can ask the State to defer LIHP migration because provider contracting is still in progress. Mr. Vincent-Jones added LIHP migration is in two parts: application and enrollment. OA has confirmed clients can access ADAP and other non-LIHP services until they are enrolled. Providers can also request a continuity of care exemption, but it is difficult.
- Another budget proposal would cut the Federally Qualified Health Center (FQHC)/Rural Health Clinics (RHC) Prospective Payment System (PPS) rate per client visit. The rate is higher than the general Medi-Cal rate. It now affects services for approximately 50% of clients in FQHCs, but that number will grow after full implementation of the Affordable Care Act (ACA) in 2014.
- Mr. Fox said the proposal is garnering national attention with concern it could be a bellwether if passed by the Legislature and approved by the Centers for Medicare and Medicaid Services (CMS), as required. The California Primary Care Association, which is opposed, has already met with Toby Douglas, Director, Department of Health Care Services (DHCS).
- Another Budget proposal would limit Medi-Cal enrollees to changing their plan once per year at open enrollment. There is concern PWHA may need the current monthly flexibility and it is hoped the proposal will be defeated, as it was last year.
- Mr. Klipp reported California is participating in a 15-state Federal pilot initiative to develop an integrated care system for Medicare-Medicaid dual eligibles. The State has said the primary concern was continuity of care, but the Budget expands the pilot from 4 to 8-10 counties and statewide expansion soon after with the understanding it would result in savings.
- There is concern with the speed of the pilot. The draft Request For Solutions was sent out two days before Christmas with comments required by the week after New Year's. The final RFS will be released in about one week and Medi-Cal managed care plans will need to submit proposals in three or four weeks with final selections a few weeks after the deadline.
- The draft RFS asked if those with HIV/AIDS, Lou Gehrig's and a third disease should be excluded. Several agencies joined in a letter recommending PWHA inclusion, but not via passive enrollment with opt out as currently planned. At least one county each will use a one-plan or two-plan model with proportional auto-enrollment unless a client actively selects a plan. The Federal enrollment goal is 1 million in the first year. California has 1.2 million and Los Angeles County 350,000 dual eligibles.
- Mr. Vincent-Jones noted there has been little Commission/Department of Health Services (DHS) interaction pertaining to Medi-Cal overall but, as more clients will be accessing care through Medi-Cal, that should increase.
- ⇒ Mr. Vincent-Jones is crafting a template letter on the budget for the Consumer Caucus. He will forward it to JPP attendees.
- Mr. Fox will check on the number of those expected to be impacted by the PPC rate change and report back in February.
- Dr. Cadden will verify whether or not the DHS has a public policy person and report back in February.

8. FY 2012 LEGISLATIVE AGENDA:

A. Medi-Cal Managed Care Rates:

- Mr. Fox noted AIDS Healthcare Foundation (AHF) sponsored a bill last year for a blended HIV/AIDS rate. AHF dropped it after major changes. There were plans to re-introduce it this year and the Commission was considering co-sponsorship.
- AHF has since hired a consulting firm. They learned their formula was constructed differently from other Medi-Cal
 managed care plans that do not have the challenge. They are now going to try to address the issue administratively,
 but may have to resort to legislative means.
- Remove issue from Legislative Agenda.

B. Routine HIV Testing:

- Mr. Fox reported AHF sponsored AB 491 last year which would have created a uniform standard for HIV testing informed consent, not necessarily written, in both medical and non-medical settings. The ACLU influenced changes to the bill that AHF felt harmful. Consequently, AHF stalled the bill and plans a new effort this year.
- Recently there was a joint call with AHF, the ACLU, the California Medical Association (CMA), Senate Health Committee staff, Mr. Fox and Mr. Vincent-Jones. ACLU refused to compromise. AHF will proceed as planned.
- Mr. Vincent-Jones said four key legislation points are: reduce days required for counselor certification from five to three; reform CLIA requirements which are among the most stringent nationally; move towards more routine HIV screening in medical settings; and HIV testing in emergency rooms as part of general written consent with opt out.
- AHF is drafting language. The County requires language before it will sponsor legislation so it needs to be done quickly.
- The CMA is opposed to legislation that controls provision of care so other approaches to expand routine screening may be considered, e.g., engaging the national standards community to win their support.
- There is also anticipated opposition from privacy groups and from hospitals and other medical practices due to cost.
- Mr. Vincent-Jones felt the ACLU has virtual buy-off on State public health bills. He supports the ACLU, but finds that inappropriate. Past negotiations have been successful with the Southern California ACLU, but not the Northern Branch.
- There has also been discussion about requiring linkage to care. Dr. Cadden noted Kathy Jacobson, Medical Director, USC-AETC, was lead investigator on a linkage to care study on the USC campus and found not all clients were linked.

C. HIV/STD Control in the Adult Film Industry (AFI):

- Mr. Vincent-Jones reported the Los Angeles City Council approved a motion to require condom use in adult film shoots and a fee to pay for the inspection process. Other cities are drafting motions to avert producers moving to them.
- AHF is collecting signatures for an initiative to require the County to impose condom use in unincorporated areas.
- The Commission talked to over 30 potential sponsors for State legislation in the past, but none would author it. AHF feels adoption in cities and counties will pressure Cal/OSHA to enforce its rules. Cal/OSHA believes its rules cover condoms, but that it lacks enforcement capability. The County feels State legislation is the best way to ensure action.
- The Commission has a support position so may work on its behalf depending on County developments.

9. RYAN WHITE REAUTHORIZATION:

- Mr. Vincent-Jones reported the work group had met that morning and reviewed a preliminary principles draft.
- Current legislation will be eligible for reauthorization in 2013, but does not sunset so could be allowed to continue without
 reauthorization. Some feel seeking reauthorization in this political climate may harm Ryan White, but the work group
 members feel it is critical to improve the legislation to avert it becoming irrelevant and unsustainable as health care reform
 unfolds.
- Two reauthorizations ago most southern states jointly created the Southern Manifesto which shaped reauthorization discussion. The Commission created its own principles document last time, which did influence discussion.

10. HEALTH CARE REFORM/1115 WAIVER:

A. Low Income Health Programs (LIHPs):

- Mr. Wise reported Ramsel was approved at the morning's Agenda Review meeting for a \$75 million single source Pharmacy Contract Administrator three-year contract for Healthy Way LA (HWLA). Actual expenditures were expected to be in the \$55-60 million range. The amount is primarily for medications with a \$3 million administration fee.
- Mr. Vincent-Jones felt it a good choice as Ramsel does this for ADAP. The purpose is to speed reimbursement, and provide other client benefits.
- ⇒ Mr. Wise will forward the draft Board Letter for Mr. Vincent-Jones to distribute.

B. 1115 Medicaid Waiver Amendment:

- Mr. Vincent-Jones said he has invited Jonathan Freedman, Chief Deputy Director, Department of Public Health (DPH), to talk to the Commission on the waiver amendment. DHS is negotiating with the Federal government to draw down additional funds to help with client migration from ADAP to LIHPs. It would also incentivize improvement in care delivery.
- The Supreme Court will hear arguments on constitutionality of the Affordable Care Act (ACA) mandate. There are eleven points of law being addressed in three different cases so the decision may be split.

11. COMMUNITY COLLABORATIONS:

A. CA Center for HIV/AIDS Policy Research:

- Mr. Wise reported PRAC will meet on 2/2/2012 in San Francisco. Various updates are expected, such as presentation of initial findings for San Francisco's PrEP study and discussion of next steps. UCLA is working on a Medicare-Med-Cal demographics paper and has developed a plan for analysis of undocumented Ryan White recipients.
- Mr. Vincent-Jones asked why the undocumented study was not statewide, as planned. Los Angeles County likely has the best data, but it does not serve the State as other counties also have high populations. Mr. Wise said Northern California was to contribute qualitative data.
- Mr. Klipp noted PRAC will do a quick analysis by the 2/2/2012 meeting of the Governor's budget. It will emphasize the practical impact on people so it can be used to inform talking points to oppose the budget.
- **12. WORK PLAN REVIEW**: This item was postponed.

13. ANNOUNCEMENTS:

- Mr. Lambert noted there was a major HIV faith-based conference in the 1990s, but little action since. He is coordinating a new effort as many parishioners come to ministers with questions they are not prepared to answer.
- Mr. Wise announced AIDS Watch will be 4/23-25/2012. APLA is coordinating Southern California training and education for attendees and appointments with legislators in Washington, DC. APLA worked with Desert AIDS Project last year to gather client letters for presentation and plans to take more letters this year as many clients cannot afford to go in person.
- He was unaware of scholarships, aside from APLA, which will take two of its clients. The Southern California HIV Advocacy Coalition (SCHAC) used to offer scholarships, but has not been active for some time.
- Mr. Vincent-Jones will follow-up with Mr. Baker, DHSP, regarding any remaining grant funds from SCHAC.
- **14. ADJOURNMENT**: The meeting adjourned at 3:15 pm.